

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-047871

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

273

Primary Registration District No.

3051

Registrar's No.

177

FILED DEC 28 1962

VS 300
Rev. 4/59

1 0795
2 0795
3
4 0
5 1
6
7 0
8 2
9 4201
10
11
12 1-0
13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY Perry

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Perryville

Length of stay in 1b
Life

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Perry Co. Mem. Hosp.

Inside Limits
Yes ☒ No ☐

c. CITY OR TOWN Perryville

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
310 W. St. Francis

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print) First Middle Last
Charles Floyd Fenwick

4. DATE OF DEATH Month Day Year
12-11-62

5. SEX
M

6. COLOR OR RACE
W

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
2-19-99

9. AGE (last birthday) 63
IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Mechanic

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Perry County, Mo.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Ruben Fenwick

13b. MOTHER'S MAIDEN NAME

Octavia Brewer

13. NAME OF HUSBAND OR WIFE

Octavia Fenwick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT Address
Mrs. Octavia Fenwick, Perryville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary thrombosis

INTERVAL BETWEEN ONSET AND DEATH
1d.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Chronic pulmonary emphysema & fibrosis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 5-26-55 to 12-11-62 and last saw him alive on 12-11-62
Death occurred at 9:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree title)

22b. ADDRESS

Perryville, Mo.

22c. DATE SIGNED

12-12-62

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
12-14-62

23c. NAME OF CEMETERY OR CREMATORY
Mt. Hope Cem.

23d. LOCATION (City, town, or county)
Perryville, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Young & Sons Perryville, Mo.

25. DATE RECD. BY LOCAL REG.
12-14-62

26. REGISTRAR'S SIGNATURE

Joel Joelner

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

JAN 18 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Edward Lepore

Licensed Embalmer No.

2138

P. O. Address

Perryville Pa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.